



DEPARTMENT OF INSURANCE
STATE OF ARIZONA
Financial Affairs Division - Compliance Section
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-3998
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CERTIFICATE OF ADVERTISING COMPLIANCE

TO BE FILED WITH ANNUAL STATEMENT ON OR BEFORE MARCH 31

ENTER CALENDAR YEAR OF ANNUAL STATEMENT FOR WHICH THIS CERTIFICATE IS FILED:_____

I, _____, certify that to the best of my knowledge, information and belief, all written solicitations disseminated during the preceding statement year complied or were made to comply with the provisions of Title 20, Chapter 4, Article 9 and Administrative Rule R20-6-405, the Health Care Services Organizations rule, and that no forms of solicitations were disseminated without the prior approval of the Director of Insurance.

Type Name of Health Care Services Organization

Type Name of Officer/Affiant

Officer's Title

Date

Signature of Officer/Affiant

Subscribed and sworn to before me this _____ day of _____, 20____.

_____, Notary Public.

My commission expires _____.

(Stamp or Seal)